

CREDIT SUISSE6901 Lugano
15 GEN 2008**COPIA**

Domanda conc. questo avviso:

TEL 0800 88 8873

Nostro riferimento:

UPIC 4 3D40-0114-80-7047-0000 0456

Vostro riferimento:

NO. IVA 231051

AVVISO DI ADDEBITO

Conto No. 424135-22 USD
 IBAN CH77 0483 5042 4135 2200 0
 Conto corrente

A
Prioritaire

P.P. CH-8070 Zürich

Frau
 G. Kernberg
 I.G.A.V.
 Postfach
 8036 Zürich

TITOLARE:
 Spett.
 Alice Services Inc.

CONFORMEMENTE ALL'ORDINE DEL 14 GEN 08

NOSTRE SPESE	USD	15,145.17
	USD	4.44

	USD	15,149.61

BENEFICIARIO:
 4473071191
 MAYER GROSS
 BROOKLYN, NY (USA)

CONTO PRESSO:
 //FW226070584
 APPLE BANK FOR SAVINGS
 BROOKLYN, NY (USA)

IL NOSTRO CORRISPONDENTE:
 Bank of New York
 US-New York NY 10286

DISTINTI SALUTI

CREDIT SUISSE

Modulo senza firma

CREDIT SUISSE6901 Lugano
22 GEN 2008**COPIA**

Domanda conc. questo avviso:

TEL 0800 88 8871

Nostro riferimento:

UPIC 4 3D40-0121-80-8393-0000 0456

Vostro riferimento:

NO. IVA 231051

AVVISO DI ADDEBITO

Conto No. 424135-22 USD
 IBAN CH77 0483 5042 4135 2200 0
 Conto corrente

Frau
 G. Kernberg
 I.G.A.V.
 Postfach
 8036 Zürich

TITOLARE:
 Spett.
 Alice Services Inc.

CONFORMEMENTE ALL'ORDINE DEL 21 GEN 08

NOSTRE SPESE

USD 49,030.18
 USD 4.44

VAL 22 GEN 08 USD

49,034.62

BENEFICIARIO:

461089625

SHLOMO BRAUN

BROOKLYN, NY (USA)

CONTO PRESSO:

JPMorgan Chase Bank NA

1 Chase Manhattan Plaza

US-New York NY 10081

IL NOSTRO CORRISPONDENTE:

Bank of New York

US-New York NY 10286

DISTINTI SALUTI

CREDIT SUISSE

Modulo senza firma

CREDIT SUISSE

6901 Lugano
23 GEN 2008**COPIA**

Domande conc. questo avviso:

TEL 0800 88 8871

Nostro riferimento:

UPIC 4 3D40-0122-80-19121-0000 0456

Vostro riferimento:

NO. IVA 231051

AVVISO DI ADDEBITOConto No. 424135-22 USD
IBAN CH77 0483 5042 4135 2200 0
Conto correnteFrau
G. Kernberg
I.G.A.V.
Postfach
8036 ZürichTITOLARE:
Spett.
Alice Services Inc.

CONFORMEMENTE ALL'ORDINE DEL 22 GEN 08

NOSTRE SPESE

USD 24,753.18
USD 4.44

VAL 23 GEN 08

USD 24,757.62

BENEFICIARIO:

1500305645
CONG OHEL TORA
BROOKLYN, NY (USA)

CONTO PRESSO:

//FW026013576
SIGNATURE BANK
BROOKLYN, NY (USA)

IL NOSTRO CORRISPONDENTE:

Bank of New York
US-New York NY 10286

DISTINTI SALUTI

CREDIT SUISSE

Modulo senza firma

CREDIT SUISSE

6901 Lugano
25 GEN 2008

COPIA

Domanda conto, quanto avviso:

TEL 0800 88 8871

Nostro riferimento:

UPIC 4 3040-0125-80-796-0000 0456

Vostro riferimento:

NO. IVA 231051

AVVISO DI ADDEBITO

Conto No. 424135-22 USD
 IBAN CH77 0483 5042 4135 2200 0
 Conto corrente

Frau
 G. Kernberg
 I.G.A.V.
 Postfach
 8036 Zürich

TITOLARE:
 Spett.
 Alice Services Inc.

CONFORMEMENTE ALL'ORDINE DEL 25 GEN 08

NOSTRE SPESE	USD	7,000.00
	USD	4.44

VAL 25 GEN 08	USD	7,004.44

BENEFICIARIO:
 0336513460
 JOSEPH WEISS
 BROOKLYN, NY (USA)

CONTO PRESSO:
 //FW231372691
 SOVEREIGN BANK
 BROOKLYN, NY (USA)

IL NOSTRO CORRISPONDENTE:
 Bank of New York
 US-New York NY 10286

DISTINTI SALUTI

CREDIT SUISSE

Modulo senza firma

CREDIT SUISSE

6901 Lugano
28 GEN 2008

COPIA

Domanda conc. questo avviso:
TEL 0800 88 8873Nostro riferimento:
UPIC 4 3D40-0125-80-13395-0000 0456
Vostro riferimento:

NO. IVA 231051

AVVISO DI ADDEBITO

Conto No. 424135-22 USD
IBAN CH77 0483 5042 4135 2200 0
Conto correnteFrau
G. Kernberg
I.G.A.V.
Postfach
8036 ZürichTITOLARE:
Spett.
Alice Services Inc.

CONFORMEMENTE ALL'ORDINE DEL 25 GEN 08

NOSTRE SPESE

USD 7,500.00
USD 4.44

VAL 28 GEN 08 USD

7,504.44
*****BENEFICIARIO:
28504550-
MAYER UNSDORFER
BROOKLYN, NY (USA)CONTO PRESSO:
//FW021000089
CITIBANK NA
BROOKLYN, NY (USA)IL NOSTRO CORRISPONDENTE:
Bank of New York
US-New York NY 10286

DISTINTI SALUTI

CREDIT SUISSE

Modulo senza firma

CREDIT SUISSE

6901 Lugano
28 GEN 2008

COPIA

Domande conc. questo avviso:

TEL 0800 88 8873

Nostro riferimento:

UPIC 4 3D40-0125-80-13396-0000 0456

Vostro riferimento:

NO. IVA 231051

AVVISO DI ADDEBITO

Conto No. 424135-22 USD
IBAN CH77 0483 5042 4135 2200 0
Conto correnteFrau
G. Kernberg
F.G.A.V.
Postfach
8036 ZürichTITOLARE:
Spett.
Alice Services Inc.

CONFORMEMENTE ALL'ORDINE DEL 25 GEN 08

NOSTRE SPESE

USD

5,071.16

USD

4.44

VAL 28 GEN 08

USD

5,075.60

BENEFICIARIO:

3404002598.

BOYONER GMILAS CHESED
BROOKLYN, NY (USA)

CONTO PRESSO:

//FW021407912

NORTH FORK BANK

BROOKLYN, NY (USA)

MOTIVO DI PAGAMENTO:

FOR HERMAN SIL BERSTEIN

IL NOSTRO CORRISPONDENTE:

Bank of New York

US-New York NY 10286

DISTINTI SALUTI

CREDIT SUISSE

Modulo senza firma

CREDIT SUISSE

6901 Lugano
28 GEN 2008

COPIA

Domande conc. questo avviso:

TEL 0800 88 8873

Nostro riferimento:

UPIC 4 3D40-0125-80-13397-0000 0456

Vostro riferimento:

NO. IVA 231051

AVVISO DI ADDEBITO

Conto No. 424135-22 USD
 IBAN CH77 0483 5042 4135 2200 0
 Conto corrente

A
Prioritaire

P.P. CH-8070 Zürich

A

Frau
 G. Kernberg
 I.G.A.V.
 Postfach
 8036 Zürich

TITOLARE:
 Spett.
 Alice Services Inc.

CONFORMEMENTE ALL'ORDINE DEL 25 GEN 08

NOSTRE SPESE

USD

2,928.84

USD

4.44

VAL 28 GEN 08 USD

2,933.28

BENEFICIARIO:
 0359352607
 ALBERT WEISSMAN
 NEW YORK, NY (USA)

CONTO PRESSO:
 //FW027007773
 STERNLING NATIONAL BNK
 NEW YORK, NY (USA)

IL NOSTRO CORRISPONDENTE:
 Bank of New York
 US-New York NY 10286

DISTINTI SALUTI

CREDIT SUISSE

Modulo senza firma

CREDIT SUISSE

6901 Lugano
01 FEB 2008

COPIA

Domande conc. questo avviso:

TEL 0800 88 8873

Nostro riferimento:

UPIC 4 3D40-0131-80-17755-0000 0456

Vostro riferimento:

NO. IVA 231051

AVVISO DI ADDEBITO

Conto No.	424135-22	USD
IBAN	CH77 0483 5042 4135 2200 0	
Conto corrente		

Frau
G. Kernberg
I.G.A.V.
Postfach
8036 Zürich

TITOLARE:
Spett.
Alice Services Inc.

CONFORMEMENTE ALL'ORDINE DEL 31 GEN 08

NOSTRE SPESE

USD	55,795.96
USD	4.61

VAL 01 FEB 08	USD	55,800.57
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BENEFICIARIO:

334109019
ARON WEBER
BROOKLYN, NY (USA)

CONTO PRESSO:

//FW231372691
SOVEREIGN BANK
BROOKLYN, NY (USA)

IL NOSTRO CORRISPONDENTE:

Bank of New York
US-New York NY 10286

DISTINTI SALUTI

CREDIT SUISSE

Modulo senza firma

CREDIT SUISSE

6901 Lugano
01 FEB 2008**COPIA**Domande conc. questo avviso:
TEL 0800 88 8873

Nostro riferimento:

UPIC 4 3D40-0131-80-17754-0000 0456

Vostro riferimento:

ND. IVA 231051

AVVISO DI ADDEBITOConto No. 424135-22 USD
IBAN CH77 0483 5042 4135 2200 0
Conto correnteFrau
G. Kernberg
I.G.A.V.
Postfach
8036 ZürichTITOLARE:
Spett.
Alice Services Inc.

CONFORMEMENTE ALL'ORDINE DEL 31 GEN 08

NOSTRE SPESE	USD	27,634.69
	USD	4.61

VAL 01 FEB 08	USD	27,639.30

BENEFICIARIO:
~~639747701~~
GEMILAS CHASUDIM MHRYT
MONROE, NY (USA)CONTO PRESSO:
//FW021001088
HSBC BANK
NEW YORK, NY (USA)MOTIVO DI PAGAMENTO:
A PERLIL NOSTRO CORRISPONDENTE:
HSBC Bank USA, National
US-New York NY 10271

DISTINTI SALUTI

CREDIT SUISSE

Modulo senza firma

CREDIT SUISSE

6901 Lugano
20 MAR 2008

COPIA

Domande conc. questo avviso:

TEL 0800 88 8873

Nostro riferimento:

UPIC 4 3D40-0320-80-388-0000 0456

Vostro riferimento:

Frau
G. Kernberg
I.G.A.V.
Postfach
8036 Zürich

AVVISO DI ACCREDITO

Conto No. 424135-21-1 CHF
IBAN CH84 0483 5042 4135 2100 1
Conto corrente

TITOLARE:
Spett.
Alice Services Inc.

VAL 20 MAR 08 CHF

33,497.55

A DEBITO DEL VOSTRO CONTO
Conto corrente
424135-21 ...

MOTIVO DI PAGAMENTO:
UEBERTRAG

DISTINTI SALUTI

CREDIT SUISSE

Modulo senza firma

CREDIT SUISSE

6901 Lugano
23 GEN 2008

COPIA

Domande conc. questo avviso:

TEL 0800 88 8871

Nostro riferimento:

UPIC 4 0456-0123-29-367-006 0456

Vostro riferimento:

A
Prioritaire

P.P. CH-8070 Zürich

Frau
G. Kernberg
I.G.A.V.
Postfach
8036 Zürich

AVVISO DI ACCREDITO

Conto No. 424135-21 CHF
IBAN CH14 0483 5042 4135 2100 0

Conto corrente

TITOLARE:
Spett.
Alice Services Inc.

VAL 23 GEN 08 CHF

30,858.0

ORDINANTE:

Poli BIB

MOTIVO DI PAGAMENTO:

1094838 >>(30 950.85 * 0.003

) - 30 950.85 = -30 857.9974

20080122004005283280001000000112

80-000500-4
CREDIT SUISSE
Zürich

DISTINTI SALUTI

CREDIT SUISSE

Modulo senza firma

CREDIT SUISSE

6901 Lugano
21 GEN 2008

COPIA

Domande conc. questo avviso:

TEL 0800 88 8873

Nostro riferimento:

UPIC 4 3D40-0118-80-8684-0000 0456

Vostro riferimento:

Frau
G. Kernberg
I.G.A.V.
Postfach
8036 Zürich

AVVISO DI ACCREDITO

Conto No. 424135-21-1 CHF
IBAN CH84 0483 5042 4135 2100 1
Conto corrente

TITOLARE:
Spett.
Alice Services Inc.

VAL 21 GEN 08 CHF

36.28

*****3

ORDINANTE:
SPETT.
ALICE SERVICES INC.

MOTIVO DI PAGAMENTO:
LISTE NR.

DISTINTI SALUTI

CREDIT SUISSE

Modulo senza firma

CREDIT SUISSE

6901 Lugano
08 GEN 2008

COPIA

Domande conc. questo avviso:
TEL 0800 88 8873

Nostro riferimento:
UPIC 4 0456-0108-29-512-006 0456

Vostro riferimento:

A
Prioritaire

P.P. CH-8070 Zürich

Frau
G. Kernberg
I.G.A.V.
Postfach
8036 Zürich

AVVISO DI ACCREDITO

Conto No. 424135-21 CHF
IBAN CH14 0483 5042 4135 2100 0
Conto corrente

TITOLARE:
Spett.
Alice Services Inc.

VAL 08 GEN 08 CHF

16,964.75

ORDINANTE:
RENTENANSTALT/SWISS LIFE
ABTEILUNG IP
POSTFACH 740
8022 ZUERICH

MOTIVO DI PAGAMENTO:
1.104.514, GROSS MEYER
20080107004004118160001000048412

80-000500-4
CREDIT SUISSE
Zürich

DISTINTI SALUTI

CREDIT SUISSE

Modulo senza firma

CREDIT SUISSE

6901 Lugano
13 DIC 2007

COPIA

Domande conc. questo avviso:

TEL 0800 88 8873

Nostro riferimento:

UPIC 4 0456-1213-29-439-006 0456

Vostro riferimento:

A
Prioritaire

P.P. CH-8070 Zürich

Frau
G. Kernberg
I.G.A.V.
Postfach
8036 Zürich

AVVISO DI ACCREDITO

Conto No. 424135-21 CHF
IBAN CH14 0483 5042 4135 2100 0
Conto corrente

TITOLARE:
Spett.
Alice Services Inc.

VAL 13 DIC 07 CHF

49,305.40

ORDINANTE:
Rentenanstalt, Übrige Zahlungen
8002 Zürich

MOTIVO DI PAGAMENTO:
601079963
20071212004004900890001000016312

80-000500-4
CREDIT SUISSE
Zürich

DISTINTI SALUTI

CREDIT SUISSE

Modulo senza firma

CREDIT SUISSE

6901 Lugano
12 OTT 2007

COPIA

Domande conc. questo avviso:

TEL 0800 88 8873

Nostro riferimento:

UPIC 4 0456-1012-29-503-006 0456

Vostro riferimento:

A
Prioritaire

P.P. CH-8070 Zürich

A

Frau
G. Kernberg
I.G.A.V.
Postfach
8036 Zürich

AVVISO DI ACCREDITO

Conto No. 424135-21 CHF
IBAN CH14 0483 5042 4135 2100 0
Conto corrente

TITOLARE:
Spett.
Alice Services Inc.

VAL 12 OTT 07 CHF

97,973.00

ORDINANTE:
Société suisse d'Assurances
8002 Zürich

MOTIVO DI PAGAMENTO:
MARIAGE
POL.NO 1100053
20071010004004293600001000039112

69-003008-1
CREDIT SUISSE
UCTI
Lugano

DISTINTI SALUTI

CREDIT SUISSE

Modulo senza firma



מדינת ישראל - משרד ראש הממשלה

תעודת נישואין

מס' 2139442

פרטים אישיים	ה בעל	ה אשה
זג תושבת	ויגדור	שטיינברג
ם המשפחה לאחר הנישואין	ויגדור	ויגדור
ות הפרטים	ישראל אברהם	בת שבע
ז (חדותית)	יהודי כהן / לוי / ישראל	יהודיה
ד הלידה	16-ספט-1985	3-דצמ-1989
ח הדי	בן ישיבה	עובדת
ז המגורים	ארה"ב	ירושלים
זהות	דרכון ארה"ב 141293800	3 02461132
זרים משפחה והשמות הפרטיים של האב	יעקב אהרן	אברהם
משפחה והשמות הפרטיים של האם	חיה	פייגה
ז מגורי האב	ארה"ב	ירושלים
ז מגורי האם	ארה"ב	ירושלים
ח ידו של האב	מגיד שיעור	עצמאי
ח ידה של האם	עק"ב	עק"ב
ד ים משפחה והשמות הפרטיים	יעקב יחיים בן ישראל	ניסן בן גרשון
ח הדי		

ירושלים

מקום החופה

ז' מאשר בזה כי הנישואין של הזוג הנ"ל נערכו ב

29-יוני-2007

תאריך לועזי

ז

שנת תשס"ז

מנ"א

לחודש

י"ד

ז"ם

ירושלים

מקום הרבנות

זמו בלשכת הרבנות

חתימה הרב המורשה



-----Translation from the Hebrew Language-----

State of Israel - Department of Religions

No. 2139442

Marriage Certificate

Personal Details	The Husband	The Woman
The Couple		
Family Name	Wigder	Steinberg
* Family Name after the Wedding	Wigder	Wigder
First Name	Yisroel Avrohom	Bat Sheva
Religion	Jewish	Jewish
Date of Birth	September 16, 1985	December 3, 1989
Current Occupation	Student	Worker
Residence before Marriage	USA	Jerusalem
I.D. Number	US Passport 141293800	3 02461132
The Parents		
Father's Name	Yaakov Aron	Avrohom
Mother's Name	Chaya	Feiga
Father's Residence	USA	Jerusalem
Mother's Residence	USA	Jerusalem
Father's Occupation	Teacher	Self-Employed
Mother's Occupation	Housewife	Housewife
The Witnesses		
Full Names	Yaakov Chaim son of Yisroel	Nissen son of Gershon
Occupation		

I'm hereby confirming, that the marriage of above couple was held in Jerusalem, on July 29, 2007, and was registered in the Rabbinical offices in Jerusalem.

(Rabbi's Signature)

Authorized Rabbi's signature

[Photo]

[Photo]

[Place of Rubber stamp]

-----End of Translation-----

Issued by authority of the Western District of

Printed Copy of an
Pursuant to the



Entry of Marriage
Marriage Act 1949

JH 928909

M. Cent.
W.R.D. & Co.

2008		The Registrar Office		Borough of Hackney		is the	
District of Hackney		in the London Borough of Hackney		Hackney			
Name of person		Name of person		Name of person		Name of person	
191 Josef Nikola		21 Josef Nikola		21 Josef Nikola		21 Josef Nikola	
March 2008		March 2008		March 2008		March 2008	
Gibbel		Gibbel		Gibbel		Gibbel	
CHERESKY		CHERESKY		CHERESKY		CHERESKY	
Registrar Office		Registrar Office		Registrar Office		Registrar Office	
Yosif N. Eshenberg		Yosif N. Eshenberg		Yosif N. Eshenberg		Yosif N. Eshenberg	
G. Chersky		G. Chersky		G. Chersky		G. Chersky	
A. Chersky		A. Chersky		A. Chersky		A. Chersky	
Y. Chersky		Y. Chersky		Y. Chersky		Y. Chersky	
Supervisor Registrar		Supervisor Registrar		Supervisor Registrar		Supervisor Registrar	
12-3-2008		12-3-2008		12-3-2008		12-3-2008	

05/07/2008 12:34 8457825158

BITUSWISS

PAGE 02/24

La Suisse, Life Insurance
Company, Lausanne

《La Suisse》

ENDORSEMENT No. 1

Policy Nr 1.098.816 - Date 06.08.94 - Page 1

Your agency : Av. de Rumine 13 - P.O. Box 1307
1001 Lausanne - Tel. 021/313 6000

I N D I V I D U A L L I F E I N S U R A N C E

Policy Nr 1.098.816

M O D I F I C A T I O N (S)

Policyholder

KEREN YEHOASHUA

1462 54TH ST.
USA-11219 BROOKLYN NY

Person(s) Insured

A: EILENBERG YOSEF

Kind of Insurance

GLOBAL, mixed insurance on the life of a child
Code: 11.0256.2/1 +0000.

General Insurance Conditions (CGA) :

VII/1993

Claimants
-----In case of life and death of the insured person A:
the policyholder, by failing his spouse, by failing his children,
by failing the other heirs of the policyholder.Federal Law on Insurance Contracts (Art.12 LCA.)
-----In case the policy or endorsements do not correspond with the
original agreement, the policyholder must request correction within
4 weeks of receipt of the documents. Failure to do so will be
considered as acceptance.Lausanne, le 06.08.94
La Suisse
Life Insurance Company*H. Nier**Ed. Mestral*

05/07/2008 12:34 8457825158

BITUSWISS
La Suisse, Life Insurance
Company, Lausanne

《La Suisse》

Policy Nr 1.098.816 - Date 01.04.94 - Page 1

Your agency : Av. de Rumine 13 - P.O. Box 1307
1001 Lausanne - Tel. 021/313 6000

I N D I V I D U A L L I F E I N S U R A N C E

Policy Nr 1.098.816

Policyholder

EILENBERG YOSEF

C/O FRANKEL
1462 54TH ST.
USA-11219 BROOKLYN NY

Person(s) Insured

A: EILENBERG YOSEF

Kind of Insurance

GLOBAL, mixed insurance on the life of a child
Code: 11.0256.2/1 +0000.
Benefits insured: see following page(s)

Beginning of Contract 29.07.1994

End of Contract 29.07.2011

Premium

Yearly

Due

SFR. 5.460,10.

29.07.1994

Maturity: 01.07

Final Maturity: 1.07.2010

General Insurance Conditions (CGA) : VII/1993

05/07/2008 12:34

8457825158

BITUSWISS

PAGE 04/24



Ontario

Office of the Registrar General
Bureau du registraire généralCertified A True
Photostatic
Print of a Recordon file at the
Office of the Registrar General
Ontario, CanadaRegistration Number:
Numéro d'enregistrement:Certificate number:
Numéro du certificat:Date issued:
Date de délivrance:File number:
Numéro de dossier:

2007 011537

PAGE 1 of 1

P 541480

Jul 16 2007

07083436-01

Photocopie certifiée
conforme d'un document se trouvant dans les dossiers du
Bureau du registraire général
(Ontario) Canada

Ontario Ministry of Government Services Office of the Registrar General **Marriage Licence**

Licence number: **E493203**

This form is a permanent legal document and may only be used to register a marriage that takes place in Ontario. Please PRINT clearly in blue or black ink.

1. Date this licence was issued (day)		2. Municipality where licence was issued	
14/05/2007		City of Toronto	
3. Name of licence issuer or deputy issuer		4. Signature of licence issuer or deputy issuer	
Lisa Tunn		[Signature]	
5. Proposed place of marriage (city/town)		6. Proposed date of marriage (day) must be within 2 months of date of issue	
Toronto		14/05/2007	
7. Last legal name before the marriage		24. Last legal name before the marriage	
Guttmann		Sussman	
8. First and middle names		25. First and middle names	
Robert		Chaya Brocha	
9. Marital status		26. Marital status	
<input checked="" type="checkbox"/> never married <input type="checkbox"/> widowed <input type="checkbox"/> divorced		<input checked="" type="checkbox"/> never married <input type="checkbox"/> widowed <input type="checkbox"/> divorced	
10. Court file number (City divorce granted in)		27. Court file number (City divorce granted in)	
11. Religious denomination		28. Religious denomination	
Jewish		Jewish	
12. Age		29. Age	
21		19	
13. Date of birth (day)		30. Date of birth (day)	
14/10/1985		29/07/1987	
14. Province where applicant was born (if outside Canada, state the country)		31. Province where joint applicant was born (if outside Canada, state the country)	
United States		United States	
15. Father's name (last, first)		32. Father's name (last, first)	
Guttmann, Jeno		Sussman, Jacob	
16. Mother's name (last, first)		33. Mother's name (last, first)	
Mendovic, Sarah		Rosenwasser, Toby	
17. Province where the applicant's father was born (if outside Canada, state the country)		34. Province where the joint applicant's father was born (if outside Canada, state the country)	
Hungary		Quebec	
18. Province where the applicant's mother was born (if outside Canada, state the country)		35. Province where the joint applicant's mother was born (if outside Canada, state the country)	
United States		United States	
19. Name in full of applicant		36. Name in full of joint applicant	
Robert Guttmann		Chaya Brocha Sussman	
I make oath and say before me that I believe there is no actual, consanguinity, affinity, or other legal impediment to the marriage, and that the contents set forth herein are true to the best of my knowledge, information and belief.		I make oath and say before me that I believe there is no actual, consanguinity, affinity, or other legal impediment to the marriage, and that the contents set forth herein are true to the best of my knowledge, information and belief.	
I solemnly swear me at: City of Toronto		I solemnly swear me at: Ontario	
On: 14th day of May 2007		On: 14th day of May 2007	
Signature of deputy issuer		Signature of joint applicant	
[Signature]		[Signature]	
37. Present address of applicant (street number and name)		38. Present address of joint applicant (street number and name)	
61 Harrison Avenue		41 Stinson Avenue	
39. City or town		40. City or town	
Brooklyn, NY		Toronto	
41. Postal code		42. Postal code	
11211		M5N2C1	
43. Telephone number		44. Telephone number	
(718) 782-3742		(416) 255-7216	
45. Place of marriage (state the city or town and the county, province, municipality or district)		46. Place of marriage (state the city or town and the county, province, municipality or district)	
Toronto, ON		Toronto, ON	
47. Signature of joint applicant		48. Signature of joint applicant	
[Signature]		[Signature]	
49. Signature of witness		50. Signature of witness	
[Signature]		[Signature]	
By signing below, I certify that the marriage of the parties named in this marriage licence was performed on the date and at the place indicated above.		By signing below, I certify that the marriage of the parties named in this marriage licence was performed on the date and at the place indicated above.	
51. Signature of person who performed marriage		52. Signature of person who performed marriage	
[Signature]		[Signature]	
53. Name of person who performed marriage (last, first, middle)		54. Name of person who performed marriage (last, first, middle)	
B. F. Coward		B. F. Coward	
55. Address of person who performed marriage		56. Address of person who performed marriage	
22 Old Colony Dr. Whitby, ON L1R 2A3		22 Old Colony Dr. Whitby, ON L1R 2A3	
57. Your registration number		58. Your registration number	
44567		44567	
59. Your denomination (day only)		60. Your denomination (day only)	
44567 Out of Old AC Church		44567 Out of Old AC Church	
For use of the Registrar General only:		For use of the Registrar General only:	
I am satisfied in the correctness of the statement and register the marriage		I am satisfied in the correctness of the statement and register the marriage	
Signature		Signature	
[Signature]		[Signature]	
Date (day)		Date (day)	
11/15/2007		11/15/2007	

Personal information contained in this form is collected under the authority of the Marriage Act, R.S.O. 1990, c.241 and will be used to determine whether to issue the marriage licence, to register the marriage, provide certified copies, notices, certificates, search notices, photocopies and for statistical, research, medical, law enforcement, adoption and selection purposes. Consenting to this collection of information is a condition of the issuance of the marriage licence. For more information, see the Privacy Policy at www.ontario.ca/privacy.

05/07/2008 12:34 8457825158

PAGE 05/24

BITUSWISS
La Suisse, Life Insurance
Company, Lausanne

《La Suisse》

Policy Nr 1.107.642 - Date 29.04.95 - Page 1

Your agency : Av. de Rumine 13 - P.O. Box 1307
1001 Lausanne - Tel. 021/313 6000

INDIVIDUAL LIFE INSURANCE

Policy Nr 1.107.642

Policyholder

GUTTMAN ROBERT

61 HARRISON AVE 2J
USA- BROOKLYN NY 11211

Person(s) Insured

A: GUTTMAN ROBERT

Kind of Insurance

GLOBAL, mixed insurance on the life of a child
Code: 11.0256.2/1 +0000.
Benefits insured: see following page(s)

Beginning of Contract 14.04.1995

End of Contract 14.04.2010

Premium

Yearly

Due

SFR. 6.333,00.

14.04.1995

Maturity: 01.04

Final Maturity: 1.04.2009

General Insurance Conditions (CGA) : VII/1993



CHURR-ELCH

Herr
Robert Guttman
61 Harrison Ave 2J
USA- Brooklyn 11211

Schweizerische
Lebensversicherungs-
und Rentenanstalt

Avenue de Romaine 13
Postfach 1307
1001 Lausanne
www.swisslife.ch

Eliane Champod
Fax +41 (0) 21 313 76 61

Unsere Referenz: 50/2350/ELCH

Lausanne, 19.02.2008

ZAHLUNGS-AUFTRAG FÜR VERSICHERUNGSLEISTUNGEN *

Art der Versicherungsleistung: HEIRATSFALL

Police-n nummer	Versicherungs- Summe	Versicherungs- art	Abschluss- datum	Ablaufs- datum
1.107.642	100.000	GEMISCHT	14.04.1995	14.04.2010

Aufstellung der Leistungen	Betrag in CHF
Versichertes Kapital	100.000,00
Darlehen	- 63.897,80
Prämie	- 6.333,00
Zinsen	- 52,80
TOTAL	29.716,40

Versicherte Person(en)

Robert Guttman

Name und Adresse der
Anspruchsberechtigten

Herr
Robert Guttman
61 Harrison Ave 2J
US-Brooklyn 11211

Wir weisen Sie darauf hin, dass keine Handlung oder Unterlassung durch Swiss Life, sei es der Versand von Prämienrechnungen, die Entgegennahme von Prämienzahlungen, die Gewährung von Darlehen, die Bezahlung jeglicher Versicherungsleistungen oder irgendeine andere Handlung oder Unterlassung, einen Verzicht auf Ansprüche und Rechte, unter anderem jene beruhend auf Ungültigkeit oder Aufkündigung der Versicherungspolice aufgrund von Betrug oder Irrtum, bedeutet oder als solcher zu verstehen ist.

* Unter Vorbehalt der Zustellung durch den Anspruchsberechtigten der erforderlichen Dokumente bei Heiratsfall.

**ZAHLUNGS-AUFTRAG FÜR VERSICHERUNGSLEISTUNGEN**

Wir weisen Sie darauf hin, dass keine Handlung oder Unterlassung durch Swiss Life, sei es der Versand von Prämienrechnungen, die Entgegennahme von Prämienzahlungen, die Gewährung von Darlehen, die Bezahlung jeglicher Versicherungsleistungen oder irgendeine andere Handlung oder Unterlassung, einen Verzicht auf Ansprüche und Rechte, unter anderem jene beruhend auf Ungültigkeit oder Aufkündigung der Versicherungspolice aufgrund von Betrug oder Irrtum, bedeutet oder als solcher zu verstehen ist.

VON CHF 29'716.40POLICE NR. 1.107.642VERSICHERUNGSNEHMER Robert GUTTMAN

Die Auszahlung wird geleistet :

Auf den Namen von _____

Adresse _____

- Bank _____ in _____

Konto Nr. _____

- PC Nr. _____

- Andere _____

Mitteilungen : _____

Unterschriften

Ort, Datum

Robert Guttman, DOB 14.10.1985

I the undersigned, _____, hereby certify that on _____ there appeared before me at my office Robert Guttman, whose identity was proved to me by ID No. _____, and signed this document.

Ort, Datum

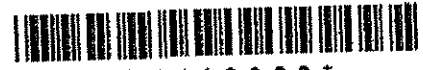
Notar

05/07/2008 12:34

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BITUSWISS

PAGE 08/24



* L1109989 *

New York State Department of Health

Certificate of Marriage Registration

District Name RamapoDistrict No. 4353Local Register No. 422

This is to certify that the persons identified below were married on the date and at the place specified as shown by the duly registered license and certificate of marriage on file in this office

Groom Name Jacob I. Oberlander

First

Middle

Premarriage Surname

☐ Check box if same as premarriage surname

New Surname (if applicable)

Residing at 39 Heyward Street, Brooklyn, N.Y. 11211Date of Birth 05/21/1984

Month Day Year

Place of Birth New York, New York

City, Town or Village/State or Country

Bride Name Chanie Lebovits

First

Middle

Premarriage Surname

Maiden Name

(if different from premarriage surname)

Oberlander☐ Check box if same as premarriage surname

New Surname (if applicable)

Residing at 12 Elaine Place, Spring Valley, N.Y. 10977Date of Birth 05/16/1983

Month Day Year

Place of Birth Suffern, New York

City, Town or Village/State or Country

Date of Marriage 05/05/2003

Month Day Year

Place of Marriage Kiryas Joel

City, Town or Village

NEW YORK

Town or City Clerk

05/13/2003

Month Day Year

Marriage was a second or subsequent ceremony

This transcript, unless the raised seal of the issuing locality is affixed, is not valid.

Any alteration invalidates this Certificate.

See Reverse Side for A List of Security Features to Guide the Eye.

VALID DOCUMENT CONTAINS WATERMARK OF STATE SEAL ON BACK - HOLD UP TO LIGHT TO VALIDATE

05/07/2008 12:34 8457825158

BITUSWISS

La Suisse, Life Insurance
Company, Lausanne

《La Suisse》

Policy Nr 1.100.177 - Date 14.05.94 - Page 1

Your agency : Av. de Rumine 13 - P.O. Box 1307
1001 Lausanne - Tel. 021/313 6000

INDIVIDUAL LIFE INSURANCE

Policy Nr 1.100.177

Policyholder

OBERLANDER JACOB I.

36 TAYLOR ST.
USA-11211 BROOKLYN NY

Person(s) Insured

A: OBERLANDER JACOB I.

Kind of Insurance

GLOBAL, mixed insurance on the life of a child
Code: 11.0256.2/1 +0000.
Benefits insured: see following page(s)

Beginning of Contract 21.09.1994

End of Contract 21.09.2008

Premium

Yearly

Due

SFR. 6.916,40.

21.09.1994

Maturity: 01.09

Final Maturity:

1.09.2007

General Insurance Conditions (CGA) : VII/1993

05/07/2008 12:34

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BITUSWISS



Mr.
Jacob I. Oberlander
36 Taylor St.
US-Brooklyn NY 11211

Unsere Referenz : 50/2330/MUF

Lausanne, 24.06.04

ZAHLUNGSauftrag fuer VERSICHERUNGSLEISTUNGEN *

Art der Versicherungsleistung : HEIRATSFALL

Policen- nummer	Versicherungs- summe	Versicherungs- art	Abschluss- datum	Ablaufs- datum
1.100.177	100.000	GEMISCHT	21.09.1994	21.09.2008

Aufstellung der Leistungen	Betrag in CHF
Versichertes Kapital	90.000,00
Darlehensbetrag	45.549,35-
Zinsgutschrift	1.385,45
T O T A L	45.836,10

Versicherte Person (en)

Jacob I. Oberlander

Name und Adresse der
Anspruchsberechtigten

Mr.
Jacob I. Oberlander
36 Taylor St.
US-Brooklyn NY 11211

05/07/2008 12:34

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BITUSWISS



Zahlungsauftrag fuer Versicherungsleistungen

CHF

45.836,10

Police Nummer i.100.177

Die Auszahlung wird geleistet :

Auf den Namen von

_ Adresse

_ Bank

in

Kto Nr.

_ PC Nr.

_ Andere

Wir weisen Sie darauf hin, dass keine Handlung oder Unterlassung durch La Suisse-Versicherungen, sei es der Versand von Praemienrechnungen, die Entgegennahme von Praemienzahlungen, die Gewaehrung von Darlehen, die Bezahlung jeglicher Versicherungsleistungen oder irgendeine andere Handlung oder Unterlassung, einen Verzicht auf Ansprueche und Rechte, unter anderem jene beruhend auf Ungueltigkeit oder Aufkuendigung der Versicherungspolice aufgrund von Betrug oder Irrtum, bedeutet oder als solcher zu verstehen ist.

Unterschriften

Ort, Datum-----
Anspruchsberechtigter-----
Ort, Datum-----
Faustpfandgläubiger

05/07/2008 12:34

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BITUSWISS



מדינת ישראל - משרד ראש הממשלה

תעודת נישואין

מס' 2115711

מס' אישים	הבעל	האשה
הזוג שם המשפחה	שלטר	לוי
* שם המשפחה לאחר הנישואין	שלטר	שלטר
השמות הפרטיים	שרנא	לאה
העדה (הדתות)	יהודי / לא / ישראלי	יהודי
תאריך לידה	15/02/87	13/08/87
משלה תיד	בן ישיבה	-----
מקום המגורים	אשדוד הצבעוני 10	תל אביב הדרך הדומי 6
מס' זהות	300680899	301274197
הזוג שם המשפחה המשוער הפרטי של האב	שלטר מכחם	לוי שמעון יוסף
שם המשפחה המשוער הפרטי של האם	שלטר יוספה רבקה	לוי יהודית
מקום מגורי האב	אשדוד	תל אביב
מקום מגורי האם	אשדוד	תל אביב
משלה ידו של האב	פקיד	משגיח בלישיבה
משלה ידו של האם	גנבת	מורה
העדים שם המשפחה והשמות הפרטיים	מרדכי רוטשטיין	אברהם נחמן גוסטרמן
משלה היד	אברך	

הריני מאשר בזה כי הנישואין של הזוג הנ"ל נערכו ב
בני ברק
מקום החופה

יום _____ יט לחודש _____ אלול שנת תשס"ז

02/09/07

תאריך לחופה

הנישואין נערכו ב
בני ברק
מקום חופה

חתימה הרב/המורה



05/07/2008 12:34

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BITUSWISS

A

STATE OF ISRAEL-OFFICE OF THE PRIME MINISTER

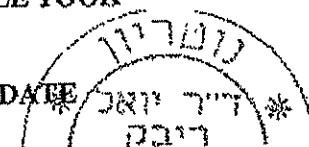
MARRIAGE CERTIFICATE

NUMBER 2115711

PERSONAL PARTICULARS	HUSBAND	WIFE
THE COUPLE FAMILY NAME	SHLESER	LEVI
*FAMILY NAME AFTER MARRIAGE	SHLESER	SHLESER
FIRST NAMES	SHRAGA	LEA
RELIGION	JEWISH	JEWISH
BIRTHDATE	15/2/87	13/8/87
OCCUPATION	YESHIVA STUDENT -----	
RESIDENCE	ASHDOD HATZIVONI 10	TEL AVIV HADAF YOMI 6
ID NUMBER	300680899	301274197
PARENTS FAMILY NAME AND FATHER'S FIRST NAME	SHLESER MENACHEM	LEVI SHIMON YOSEF
FAMILY NAME AND MOTHER'S FIRST NAME	SHLESER YOSEFA RIVKA	LEVI YEHUDIT
FATHER'S RESIDENCE	ASHDOD	TEL AVIV
MOTHER'S RESIDENCE	ASHDOD	TEL AVIV
FATHER'S OCCUPATION	CLERK	YESHIVA ADMINISTRATOR
MOTHER'S OCCUPATION	NURSERY TEACHER	TEACHER
WITNESSES	MORDCHAI ROTSHTAIN	AVRAHAM NACHMAN GUTTERMAN
OCCUPATION	STUDENT	

I HEREBY CERTIFY THAT THE MARRIAGE OF THE ABOVE COUPLE TOOK
PLACE IN BNEI BRAK
ON THE 19TH DAY OF THE MONTH OF ELUL 5767

2/9/07
GREGORIAN DATE



05/07/2008 12:34 8457825158
03/04/2007 04:13 FAX

BITUSWISS

PAGE 14/24

02



CHWUR-ELCH

Herr
Shrage Ghieser
c/o Shlomo Weiss
1742 58th St
USA-11204 Brooklyn

Schweizerische
Lebensversicherungs-
und Rentenanstalt

Avenue de Rumine 13
Postfach 1387
1001 Lausanne
www.swisslife.ch

Etiens Champod
Fax +41 (0) 21 313 75 81

Unsere Referenz: 50/2350/ELCH

Lausanne, 27.03.2008

ZAHLUNGSAUFTRAG FÜR VERSICHERUNGSLEISTUNGEN*

Art der Versicherungsleistung: HEIRATSFALL

Police- nummer	Versicherungs- summe	Versicherungs- art	Abschluss- datum	Ablauf- datum
1.100.098	100.000	GEMISCHT	15.08.1994	15.08.2011

Aufstellung der Leistungen	Betrag in CHF
Versichertes Kapital	100.000,00
Gutschrift	15,00
Darlehen	- 36.308,30
TOTAL	63.706,70

Versicherte Person(en)

Shrage Ghieser

Name und Adresse der
Anspruchsberechtigten

Herr
Shrage Ghieser
c/o Shlomo Weiss
1742 58th St
USA-11204 Brooklyn

Wir weisen Sie darauf hin, dass keine Handlung oder Unterlassung durch Swiss Life, z. B. Prämienrechnungen, die Entgegennahme von Prämienzahlungen, die Gewährung jeglicher Versicherungsleistungen oder irgendwelche andere Handlung oder Unterlassung und Rechte, unter anderem jenseitig beruhend auf Ungewissheit oder Aufkündigung der Versicherungspolice, bedeutet oder als solcher zu verstehen ist.

als der Verzicht von Ihnen auf Ansprüche in Darlehen, die Bezahlung dieser Ansprüche ist, ist ein Verzicht auf Ansprüche in der erforderlichen

* Unter Vorbehalt der Zustellung durch den Anspruchsberechtigten in der erforderlichen
Dokumente bei Heiratsfall.

05/07/2008 12:34 8457825158

BITUSWISS
La Suisse, Life Insurance
Company, Lausanne

PAGE 15/24

«La Suisse»

Policy Nr 1.100.098 - Date 09.05.94 - Page 1

Your agency : Av. de Rumine 13 - P.O. Box 1307
1001 Lausanne - Tel. 021/313 6000

INDIVIDUAL LIFE INSURANCE

Policy Nr 1.100.098

Policyholder

SHLESER SHRAGE

C/O SHLOMO WEISS
1742 58TH ST
USA-11204 BROOKLYN NY

Person(s) Insured

A: SHLESER SHRAGE

Kind of Insurance

GLOBAL, mixed insurance on the life of a child
Code: 11.0256.2/1 +0000.
Benefits insured: see following page(s)

Beginning of Contract 15.08.1994

End of Contract 15.08.2011

Premium

Yearly

Due

SFR. 5.460,10.

15.08.1994

Maturity: 01.08

Final Maturity: 1.08.2010

General Insurance Conditions (CGA) : VII/1993

05/07/2008 12:34 8457825158

BITUSWISS

(THIS SPACE FOR STATE USE ONLY)

COUNTY Rockland
 CITY/TOWN Ramapo
 DISTRICT 4353
 NUMBER 1255
 REGISTER NUMBER

STATE OF NEW YORK
 DEPARTMENT OF HEALTH
**AFFIDAVIT, LICENSE and
 CERTIFICATE OF
 MARRIAGE**

☐ SUPPLEMENTAL FILE

FROM THE GROOM
Shlome A. Ungar

1. A. FULL NAME FIRST MIDDLE CURRENT SURNAME
 B. BIRTH NAME, IF DIFFERENT
 C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE)
 D. SOCIAL SECURITY NUMBER 130-74-9099

2. RESIDENCE A. (STATE) NY B. (COUNTY) Rockland
 C. CHECK ONE AND SPECIFY ☒ CITY ☐ TOWN ☐ VILLAGE
New Square
 D. STREET ADDRESS 117 Washington Avenue ZIP 10977
 E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? ☐ YES ☒ NO

3. A. AGE 21 3B. DATE OF BIRTH MONTH 06 DAY 05 YEAR 1983

4. EMPLOYMENT
 A. USUAL OCCUPATION Student
 B. TYPE OF INDUSTRY OR BUSINESS Rabbinical Coll.
Suffern, NY

5. PLACE OF BIRTH (CITY, STATE/COUNTRY IF NOT USA)
 A. NAME Ruby Ungar
 B. COUNTRY OF BIRTH USA

7. MOTHER
 A. MAIDEN NAME Malka Einhorn
 B. COUNTRY OF BIRTH Canada

8. NUMBER OF THIS MARRIAGE 1

9. PREVIOUS MARRIAGES
 A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE 0 CIVIL ANNULLMENT 0 DEATH 0
 B. HOW DID LAST MARRIAGE END? (1) ☐ DIVORCE (2) ☐ ANNULLMENT (3) ☐ DEATH
 C. DATE LAST MARRIAGE ENDED? MONTH DAY YEAR
 D. ARE ANY FORMER SPOUSE(S) ALIVE? ☐ YES ☒ NO

10. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION
 DATE OF DECREE PLACE ISSUED AGAINST WHOM
 (MONTH, DAY, YEAR) (CITY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE
 1ST ☐ ☐
 2ND ☐ ☐
 3RD ☐ ☐
 4TH ☐ ☐

FROM THE BRIDE
Faigy Klein

11. A. FULL NAME FIRST MIDDLE CURRENT SURNAME
 B. BIRTH NAME (MAIDEN NAME), IF DIFFERENT
 C. SURNAME AFTER MARRIAGE (OPTIONAL - SEE REVERSE)
 D. SOCIAL SECURITY NUMBER 125-70-5443

12. RESIDENCE A. (STATE) NY B. (COUNTY) Rockland
 C. CHECK ONE AND SPECIFY ☒ CITY ☐ TOWN ☐ VILLAGE
New Square
 D. STREET ADDRESS 45 Buchanan Road ZIP 10977
 E. IS RESIDENCE WITHIN LIMITS OF CITY OR INCORPORATED VILLAGE? ☐ YES ☒ NO

13. A. AGE 18 13.B. DATE OF BIRTH MONTH 10 DAY 18 YEAR 1990

14. EMPLOYMENT
 A. USUAL OCCUPATION Student
 B. TYPE OF INDUSTRY OR BUSINESS Seminary
Brooklyn, NY

15. PLACE OF BIRTH (CITY, STATE/COUNTRY IF NOT USA)
 A. NAME Aviva Klein
 B. COUNTRY OF BIRTH Israel

17. MOTHER
 A. MAIDEN NAME Sarah Hoch
 B. COUNTRY OF BIRTH Russia

18. NUMBER OF THIS MARRIAGE 1

19. PREVIOUS MARRIAGES
 A. NUMBER OF PREVIOUS MARRIAGES WHICH ENDED BY DIVORCE 0 CIVIL ANNULLMENT 0 DEATH 0
 B. HOW DID LAST MARRIAGE END? (1) ☐ DIVORCE (2) ☐ ANNULLMENT (3) ☐ DEATH
 C. DATE LAST MARRIAGE ENDED? MONTH DAY YEAR
 D. ARE ANY FORMER SPOUSE(S) ALIVE? ☐ YES ☒ NO

20. IF PREVIOUSLY DIVORCED OR ANNULLED, PROVIDE THE FOLLOWING INFORMATION
 DATE OF DECREE PLACE ISSUED AGAINST WHOM
 (MONTH, DAY, YEAR) (CITY, STATE/COUNTRY, IF NOT USA) SELF SPOUSE
 1ST ☐ ☐
 2ND ☐ ☐
 3RD ☐ ☐
 4TH ☐ ☐

I, being duly sworn, depose and say, that to the best of my knowledge and belief that the information I provided is true and that I declare that no legal impediment as to my right to enter into the marriage state.

21. SIGNATURE OF GROOM Shlome A. Ungar
 22. SIGNATURE OF BRIDE Faigy Klein
 23. SUBSCRIBED AND SWORN TO BEFORE ME
 SIGNATURE OF TOWN OR CITY CLERK Christian Sampson DATE 11/23/2004

This license authorizes the marriage in New York State of the bride and groom named above by any person authorized by New York State Relations Law §11 to perform marriage ceremonies within New York State. THIS LICENSE VALID IN NEW YORK STATE ONLY.
☐ If checked, this license is to be used only for the purpose of a second or subsequent ceremony.

24. TOWN OR CITY CLERK
 NAME (PRINT) Christian Sampson
 SIGNATURE Christian P. Sampson DATE 11/23/2004
 MAILING ADDRESS 237 Route 58, Suffern, NY 10901

25. A. SOLEMNIZATION PERIOD BEGINS
 TIME MONTH DAY YEAR
03:18 11 24 2004
 B. SOLEMNIZATION PERIOD ENDS AT MIDNIGHT
 MONTH DAY
01 22 20

26. SOLEMNIZATION OCCURRED
 TIME MONTH DAY YEAR
8:30 PM NOV 28 04

27. TYPE OF CEREMONY
☒ RELIGIOUS ☐ CIVIL
☐ OTHER, SPECIFY _____

28. PLACE WHERE MARRIAGE OCCURRED
 A. STATE NEW YORK B. COUNTY Rockland
 C. LOCATION OF CEREMONY (CHECK ONE AND SPECIFY)
☐ CITY OF ☐ TOWN OF ☒ VILLAGE OF
 SPECIFY NEW SQUARE

29. OFFICIANT
 NAME (PRINT) David E. Eisenberg TITLE RABBI
 SIGNATURE David E. Eisenberg DATE NOV. 29, 04
 MAILING ADDRESS 73 Washington Ave NEW SQUARE NY 10977
 STREET CITY/TOWN STATE ZIP

30. WITNESS TO CEREMONY
 NAME (PRINT) Ben Steinmetz
 SIGNATURE Ben Steinmetz

31. WITNESS TO CEREMONY
 NAME (PRINT) Kalman Braun
 SIGNATURE Kalman Braun

NOTE: OFFICIANT MUST RETURN
 LICENSE TO ISSUING CLERK WITHIN
 5 DAYS OF SOLEMNIZATION.

DOH-98 (11/98)